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DATELY ADDITION OF 1895, no persons are required to respond to a collection of information unitess it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application of Dooket Humber Substitute for Form PTO-875 76834 APPLICATION AS FILED - PART I (Column 1) OTHER THAN (Column 2) ·· SMALL ENTITY OR SMALL ENTITY · FOR **NUMBER FILED** HUMBER EXTRA BABIO FEE 97 OFR 1.19(s), (s), or (s) RATE (1) FEE (1) RATE (I) FEE (1) SEARCH FEE OT OFR 1.1660, (), or (m) EXAMINATION FEE PLOTE LY(5), (p), (r) (g) TOTAL CLAIMS 07.OFR 1.16(0) minus 20 = INDEPENDENT CLAIMS . OR • (07 OFR 1.16(M) minus 8 . If the specification and drawings exceed 100 * • × . sticets of paper, the application size fee due is \$250 (\$125 for amail entity) for each additional 50 shoots or fraction thereof. See APPLICATION SIZE 607 CFR 1.16(4)) 85 U.B.D. 41(á)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (87 CFR 1.16(II) $^{\circ}$ if the difference in column 1 is less than zero, enter $^{\circ}$ in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) OTHER THAN CLAIMS REMAINING OR SMALL ENTITY SMALL ENTITY HOHEST NUMBER 1 PRESENT AFTER RATE (B) REVIOUSLY ADDL EXTRA MENDMENT RATE (\$) ADOI-TIONAL ENDMENT TRONAL FEE (\$) PAID FOR Total GI OFR L10(I) FEE (\$) x 25 % 50° OR ×100 5 200m don Size Fee (37 CFR 1,16(a)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.14(2)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR . (Column 1) (Column 2) (Column 8) CLAIMS HIGHEST NUMBER 18 REMAINING PRESENT AFTER RATE (1) ADDI-TIONAL PREVIOUSLY RATE (\$) ADDI-ENOMENT ø PAID FOR TIONAL Total FEE (#) OF O'R LING FEE (1) x 05 9 40 OR Œ 100 Ж Application Bize Fep (37 CFR 1,16(e)) OR FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (RT OFR 1.140) OR TOTAL TOTAL ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

"If the Tighest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

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The Tighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "2".

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the functioning penetring, and submitting the completed application form to the USPTO. Time will very depending upon the individual case, Any comments and Tradement Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450. Alexandria, VA 22313-1450. OR

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